

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99092 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7 / 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Albert Gottling

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 10 Years, 4 Months, 2 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Balt. Ind.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Ind.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 764 Franklin St.

Cause of Death, { First (Primary), Second (Immediate), } Petro Sarcoma of the Chest.  
Suppuration

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_

Undertaker, \_\_\_\_\_

Place of Business, \_\_\_\_\_

Louis C. Horn M. D.  
Medical Attendant.  
Address, cor Mulberry & Myrtle av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Cert.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. 99091 Office of Registrar of Vital Statistics. Ward 20

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. APR 8 1887

Date of Death, April 7<sup>th</sup> 87

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William Albert Gottling

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 10 Years, 4 Months, 2 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 764 Franklin

Cause of Death, { First (Primary), Second (Immediate), } Fibro-sarcoma of the chest 5 years supuration

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 10<sup>th</sup> 1887

{ Undertaker, John J. Andrews } Louis H. Horn M. D. Medical Attendant.

{ Place of Business, No 407 Druid Hill Ave } Address, 200 Mulberry St N.Y.C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

See following cert.



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99092 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Albert Götting

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 Years, 4 Months, 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 764 Franklin St

Cause of Death, {First (Primary), Second (Immediate),} Fibro Sarcoma of the chest. supuration

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, } Louis H. Horn M. D.

{ Place of Business, } Address, cor Mulberry & Myrtle st

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



# Health Department, City of Baltimore.

Permit No. 99093

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH

APR 8 1887

Date of Death,

April 7<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Francis O Edmondson

Sex, Male or ~~Female~~

Cross out the word not required in this line.

Age,

Forty two

Years

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~, or ~~Unmarried~~

Cross out the words not required in this line.

Occupation,

Travelling Salesman

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Bontgomery Co: Maryland

Duration of Residence in the City of Baltimore,

Nineteen years

Place of Death,

Give Street and Number.

No 1035 Edmondson Ave.

Cause of Death,

First (Primary),

Second (Immediate)

Typho-malarial fever.

Adynamia

Duration of Last Sickness,

Twenty three days.

All the above information should be furnished by the Physician

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

Apr 9 1887

Undertaker,

Jos A. Cook

Place of Business,

103 N. Baltimore

Address,

582 N. Carey St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

19

Permit No. 99094

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 6<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Matilda Bogle*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *7 2* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White* Sex, \_\_\_\_\_

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *1110 Harlem Avenue*

Cause of Death, { First (Primary), Second (Immediate), } *Endo-Carditis*  
*Exhaustion + Paralysis of Leg*

Duration of Last Sickness, *Some 3 Mos*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park*

Date of Burial, *April 8/87*

{ Undertaker, Place of Business, } *Denny & Mitchell*  
*1201 W. Hayette*

*Robert W. Mefflin* M. D.  
Medical Attendant.

Address *425 Saratoga St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Health Department, City of Baltimore.

Permit No. *24095*

Office of Registrar of Vital Statistics.

Ward *5<sup>th</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*April 6<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Sarah Dungee*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

*16.*

Color,

*Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death, { Give Street and Number. }

*1112 Douglas St*

Cause of Death, { First (Primary), Second (Immediate), }

*Spasms*

Duration of Last Sickness,

*3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel, Md*

Date of Burial, *April 8<sup>th</sup> 1887*

{ Undertaker, *W. C. Dungee* }

{ Place of Business, *East St* }

*James A. Stearns*

M. D.

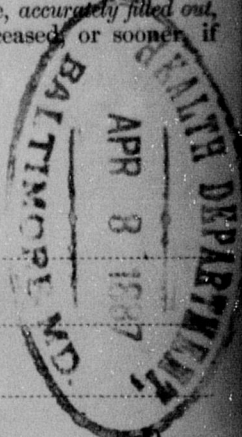
*Cornwall St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

*John C. De Gooz*

[OVER.]





# Health Department, City of Baltimore.

Permit No. 99096 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, of whom requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7. 87.  
Full Name of Deceased, John Herman Wood { Write legibly and spell correctly. If an Infant not named, give names of parents. }  
Sex, Male or Female, { Cross out the word not required in this line. } (Unden)  
Age, 18 Years, 17 Months, 17 Days.  
Color, White.  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, Balt. City  
Birth Place, Balt. City { State or country, and how long in the United States, if of foreign birth. }  
Duration of Residence in the City of Baltimore, Since birth  
Place of Death, 326 S. Monroe St. { Give Street and Number. }  
Cause of Death, Capillary Pneumonia { First (Primary), Second (Immediate), }  
Duration of Last Sickness, 11 days.  
All the above information should be furnished by the Physician.  
Place of Burial, Balto. Cemetery  
Date of Burial, Apr. 10. 1887  
Undertaker, J. B. Cook A. W. Wilson M. D.  
Place of Business, 1003 W. Baltimore St. 1813 N. Pr. St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99097 Office of Registrar of Statistics. Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A HEALTH CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 7th. April 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Kollowsky

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 11 weeks Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give Street and Number. } Tellus Street 908

Cause of Death, { First (Primary), Second (Immediate), } Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 9. 87

Undertaker, Relax Bros & Co.

William Hennel M. D.  
Medical Attendant.

Place of Business, 1732 Wisconsin Address, P. Wolfert 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. *99098* Office of Registrar of Vital Statistics.

Ward *2<sup>nd</sup>*

The Physician who attended any person in a last illness, is responsible for the presentment of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 7<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Malvina Lewis*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *63* Years, Months, Days.

Color, *(Colored)*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore City Md.*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give Street and Number. } *1529 Eastern Avenue*

Cause of Death, { First (Primary), Second (Immediate), } *Dropsy*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Church*

Date of Burial, *April 9<sup>th</sup>*

Undertaker, *W. Appel* *Nicholas J. Dathuall, M. D.* Medical Attendant.

Place of Business, *157 S. Broadway, 700 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99099 Office of Registrar of Vital Statistics.

Ward 9<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 2<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Aaron Simms

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 37 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, { Give Street and Number. } 102 Lexington St. E  
Pneumonia

Cause of Death, { First (Primary), Second (Immediate), } Exhaustion  
2 days

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, North St Cemetery

Date of Burial, April 9 1887

Undertaker, Herbert Ross

Place of Business, 404 Calver St Address, B. G. D. Light M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]